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LUXATION OF THE LAST DORSAL VERTEBRA—EXFOLIATION OF THE HEAD OF THIGH BONE AND ACETABULUM.

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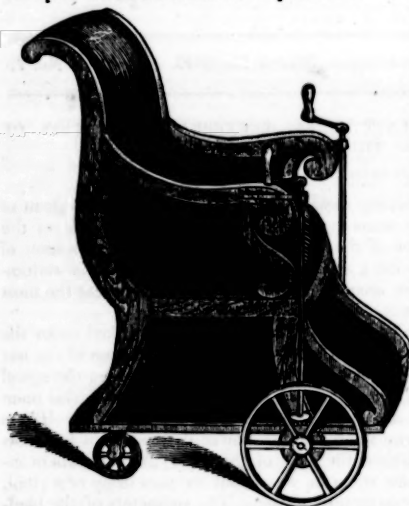
THE subject of the following remarks is interesting in a twofold point of view; as it may throw some light on the treatment of injuries of the spine, where the function of the nerves of motion and of sensation of the lower extremities is lost; and secondly, as it illustrates the restorative power of nature in wounds and operations, even under the most unpromising circumstances.

Joseph Stocks, in the spring of 1826, aged 11, was crushed under the body of an ox-cart in such a manner as to produce a luxation of the last dorsal from the first lumbar vertebra, which so far compressed the spinal cord that the function of those nerves which originate below this point of the spine was wholly destroyed, both in sensation and motion. There must, however, have been some nervous power derived from filaments which had their origin above the seat of the injury, as the patient informed me that he knew when he was about to pass urine or a stool, though he had no power to restrain either. The sphincters of the bladder and anus were powerless.

The writer first saw the patient in the summer of 1834, eight years after the accident which deprived him of the use of his lower extremities. Although the circulation in the paralyzed parts was barely sufficient to exempt them from the laws of dead matter, yet there was no material for growth. Perhaps the bones had extended a little in length, yet the size of his lower extremities had not increased since the time he sustained the injury. His knees were bent at acute angles, though the joints were not wholly ankylosed. He had lain almost constantly in one position. He employed a considerable part of his time in painting and music, and became quite a proficient in these branches of education. He is at this time a portrait painter. His chest and upper extremities well formed, countenance healthy and intelligent. When he attempted to sit, his body would easily turn in a lateral direction at the point of the injury, so that all attempts at sitting were abandoned. When we saw him he had not for several years been removed from his apartment.

In this situation it appeared as if something ought to be done for his relief. It seemed probable that by a little training he would be less helpless; and that his upper extremities might be of more immediate use in locomotion. We had seen several machines, or chairs, for such as had

lost the use of their lower limbs; but these had been formed for such invalids as were able to sit, and, of course, did not reach the present case. We, however, by the assistance of two first-rate mechanics, succeeded in a great measure in supplying a desideratum in the surgery of the spine which answered our expectations. It was designed to fix the



pelvis by using the thigh bones as levers, confining the feet in a foot stool, by a cushion and belt over the knees. 2d, to support the body by means of a belt, at and above the place of fracture, attached to the chair, extending across the abdomen. 3d. The sides and back were to be accommodated to the shape of the body by means of the stuffing. 4th. The weight of the wheels and the size of the base were to be such as to render it difficult to be overturned. 5th. To fix to it a close stool and urinal. And 6th.

To give motion to the machine by muscular power, in such a direction as not to interfere with the injury of the

spine. We send you a drawing of the chair; and one may be seen at Dr. Flint's hospital, but not complete, as it is necessary for the upholsterer to adapt the stuffing to each individual patient. In the case of Mr. Stocks, the abdominal belt was dispensed with, and subsequently the knee band, as he had improved much in keeping his balance before we had completed his chair. He had so far improved in muscular motion, that he could dress himself and get into his chair from his bed without assistance, and go all over the same floor of the house. His health was very good, and he seemed to be prosperous. He wrought as many hours as artists generally do, when our designs came near being frustrated, so far as he was concerned.

On the evening of the 1st Jan., 1839, I was called in haste to Mr. Stocks, about half past ten o'clock. The messenger said that he was badly burned. He was engaged in making a varnish, which took fire and involved him in the flames. His hands, face and neck were badly

burned, so that at the time I thought the case attended with considerable danger. He, however, recovered partially from his burns, when on the 17th of January he was attacked with a fever of the character of our congestive typhus, which endangered his situation very much. He was for a time partially deranged; the determination of blood to the head was such as required considerable depletion. As his fever yielded we had a new and formidable difficulty to contend with. There had been an ulcer of considerable extent near the acetabulum of the right side. This had now become so large, and suppuration so profuse, as to render his case dangerous. There was a spontaneous luxation of the femur, the round ligament being off, and the head of the bone and the trochanter being in a degree carious. We had then to contend with a compound luxation of the hip-joint, a loss of its appropriate ligaments, a caries of the femur, and this, too, with a constitution wasted by fever. The action of the nervous system not extending to the seat of disease, suppuration produced some tendency to hectic.

At this juncture I requested the assistance of Dr. Flint. I had no precedent in my practice of a case like this; and it was to this gentleman as well as to myself a source of deep solicitude and much reflection. The state of the bone was such as precluded all expectation of restoring the joint; the vitality of the parts was not sufficient to give us hopes of forming a cicatrix if amputation was performed at the joint. If we removed the head of the femur, there would be so large a cavity as to endanger the patient's life from irritative fever. Nor could either my counsel or myself determine, *à priori*, how the lower grade of vitality would affect the case in relation to the consecutive fever. It was finally resolved to remove the head of the bone. The operation was performed by Dr. Flint. A longitudinal incision was made above the trochanter, and the end of the bone elevated and sawed off. The head of the bone is represented in the accompanying cuts.



The patient, during the time, manifested no great excitement. The cavity was covered with stimulating dressings, and the patient's strength sustained with efficient stimulants and tonics; and opium freely administered to allay irritation. Granulations, though slowly formed, at length

have filled up the cavity, and the wound thus made healed nearly sound. After the removal of the bone, the patient suffered less than before from fever. Any source of irritation would cause inflammation of the part, and consequently disturbance of the system; such as pressure by sitting on the part, riding in a carriage, &c. During the time of his confinement there have been extensive sloughing ulcers about the gluteal region and the coccyx, all of which are now nearly or quite healed, and we feel confident of seeing our patient quite well in a short time.

The opening and suppuration of the hip-joint would, under most circumstances, prove fatal. Here not only the head of the femur, but also a portion of the acetabulum, was carious, exfoliated and came away; and yet under these most unpromising circumstances, we have the pleasure of witnessing our patient's recovery.

The case of Mr. Stocks, whether considered in a physiological or pathological view, has been one of a very interesting character, forcibly illustrating the tenacity of life, where the organic functions are unimpaired, even where there has been great loss of power in the nerves of motion and sensation.

JAMES SWAN.

Springfield, January 29, 1840.

REMARKS ON MEASLES, &c.

BY MOORE HOIT, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

It is undeniably true that many splendid improvements have been made in medical science of late years; but it does not appear that the mortality of diseases has been much diminished. In fact we find that those diseases which were commonly fatal in the hands of physicians a century ago, present nearly the same proportional terminations at the present day; and from diseases not necessarily fatal, nearly the same number die now as formerly. There may be, perhaps, a few diseases instanced, smallpox for one, which are gratifying exceptions to the above; but of the aggregate of diseases and of deaths, I believe the remark will hold good. Now besides the actual discoveries that have been made in medical science, the number of practitioners has so increased as to bring its benefits within the reach of all, and we ought to expect, in diseases at least not necessarily fatal, a different result. Under this view of the case, we must come to the conclusion that our art, though frequently beneficial, is still often powerless, and, it may be, sometimes prejudicial.

There might be many causes assigned for this latter unhappy result, the most prominent among which, I fancy, would be found, ignorance or neglect of scientific rules among practitioners. But I wish to introduce to the notice of the profession another, which I would designate as a too close adherence to the rules of art, or to those precepts which are so called. The competition that necessarily exists among such a multitude of medical men, induces them to strive for the character of individual excellence, and some of them in such a manner as to preclude the idea that certain desirable results can be attained through any other

agency than that which they exercise—and to sustain this idea something must be done; the lancet must be unsheathed—the potion administered—in short, the patient must be “doctored,” and that in a very peculiar manner. Such men are always jealous of dame nature, and contemptuously reject any aid which she may offer. But there are certain mysterious operations of nature displayed in disease as well as in health; and a proper appreciation of finite wisdom seems to require that we should be cautious in interfering with laws that we do not understand, but which we know emanate from “Him who laid the foundations of the earth,” however unphilosophical the suggestion may appear in the estimation of those who would be “wise above what is written” in the great book of nature.

In order to set this subject in as clear a light as possible, the following remarks upon measles are offered, because the disease is of a remarkably definite, and generally of a mild character. Why is it not always so? It is always produced by the same cause, always recognized by, and therefore always consists of the same phenomena. In my opinion the reason for any other than a favorable termination of this disease is to be sought in the uncalled-for and impertinent interference of art. Dr. Good, in his remarks upon measles, says, “In its ordinary course measles is a disease unaccompanied with danger. The fever * * * is necessary to a certain extent for the purpose of throwing the virus upon the surface * * * . But a small degree of pyretic action is sufficient, * * * for if this be exceeded, the natural means of cure itself becomes the disease rather than the morbid condition it is intended to remove, * * * and hence our attention is to be mainly directed to the fever itself, for by diminishing the fever, we diminish the eruption also.” I will not stop to inquire what good the learned author expected to do by diminishing the eruption, but merely observe that the above quotation pretty fairly states the opinions of the profession generally, if we may be allowed to judge from their practice.

It will be admitted by all, that measles is a disease that cannot be cured; it will also be admitted, I think, that it is a disease, of the cause, or the intrinsic nature of which, we know nothing, excepting that it is made up of a succession of phenomena peculiar to itself, the ultimate tendency of which is to a favorable termination. We see that it is governed by laws exclusively its own; but why the eruption should follow the pyretic symptoms after a certain time, or why it should appear at all, we know no more than why there should be chills, headache, cough, and watery eyes, a certain time after the patient has been exposed to a case of the same disease. We might with just as much propriety say that the cough causes the pyretic symptoms, as that these produce the eruption. That there is a close connection between them, and that safety consists in the relative perfection of all these circumstances, we know by observation, not theory. This being the case, it appears to me to be the height of presumption to attempt to influence, by artificial means, a law of nature of which we know nothing but that it has a salutary tendency. Would Dr. Good, or will any other physician, attempt to lay down rules by which we may know the proper degree of

the pyreptic state? Does the pulse show a uniformity of strength and action in all cases where the pyreptic symptoms are not excessive? Is the chill, the cough, the pain, the same in all such cases? Every man who has been familiar with measles knows it is not the case. In some cases all the preceding stages are comparatively slight, but the eruption perfect; in others the pyreptic and other symptoms quite severe, but the eruption neither more nor less than it should be. Again, if we undertake to influence a law of nature, we ought to have the power to stop its operations altogether, or to direct them at will. Have we that power in any case? Take Dr. Good's assertion, that "a small degree of pyreptic action is sufficient to throw the virus upon the surface," as correct, and let a case be presented in which, in our opinion, the pyrexia is excessive; can we diminish that power of propulsion to the surface with confidence that it will not still be sufficient to propel the virus to the already diseased pulmonary surface, and there institute an anomalous disease that we may not be able to control?

Again, Dr. Good says, "an emetic is *always useful* on the incursion of the disease; and *should be succeeded by cooling aperients* and demulcents, the skin being kept moist and its heat subdued by mild diaphoretics." The doctor surely does not mean to cure measles by "mild diaphoretics;" he means only to relieve—to diminish the pyrexia, for the important ultimate purpose of diminishing the eruption, forsooth. Now it appears to me that if we do not take a disease out of the hands of nature at once, our means of relief, if we will use them, ought at least to be in conformity with the laws governing it. If we find an irritating substance in the stomach, we aid that organ in its efforts to discharge it. In tenesmus we assist the rectum to deject the scybala which excite the painful effort. In fever from *suppressed perspiration*, and in fever from that cause alone, we attempt relief by "keeping the skin moist and subduing its heat by mild diaphoretics." In all these cases we recognize the inefficient efforts of nature to accomplish certain objects, and we direct ours, and generally with success, to aid, not to change or thwart them. Now as it regards "cooling aperients," I have to observe that measles is a disease generally attended with constipation, and that this, taken in its connection, is not to be regarded as a morbid symptom, because it is a common attendant upon a certain process, the accomplishment of which leaves the system in health. If it is a natural or common condition, we ought to believe it (in the absence of proof to the contrary) necessary to the perfection of the disease in all its parts, and on such perfection rests the patient's safety. From the close sympathy existing between the skin and intestinal canal, medicines acting on the latter will powerfully diminish any tendency to the establishment of disease on the former—and in such diseases as smallpox, where there is a tendency to a destructive inflammation of the skin, "cooling aperients" may be proper and useful; but in the disease under consideration, where the affection of the skin is an affair of no moment, but where, in connection with an insufficient cutaneous affection, we find serious and perhaps uncontrollable disease of a vital organ, I think we ought to pause before we give our "cooling aperients." In a large ma-

jority of the cases I have attended, there have been but one or two alvine evacuations during the six days included between the chill and the completion of the eruption. My experience in this disease has led me to form the following opinions.

1st. As the phenomena constituting measles do not admit of cure, neither do they permit attempts at alleviation with impunity, as such attempts must necessarily affect their character, and of course more or less interfere with the proper development of the subsequent stages.

2d. That previously existing disease, or predisposition to disease, either general or local, is not aggravated by the action of natural measles, this action being specific and incapable of assimilating with any other morbid action.

3d. That no standard of arterial action established in other diseases can be applied to measles as a test of the morbid condition, as different grades of action are requisite in different cases, for the proper development of the peculiar phenomena.

4th. That measles require a mild atmosphere and the most perfect protection from all changes of temperature, and complete exemption from all kinds of medicine—because the peculiar action in this disease is easily perverted by impressions incompatible with its nature; and being perverted, disease of a new, and often of a fatal character is the consequence.

5th. That the liberty some practitioners allow themselves of regulating the symptoms in this disease, by "mild" or other means, if not the cause of evil, can in no case be productive of good effects—because, as none understand the proximate cause or the laws which regulate the succession of symptoms, no one can know the natural modifications of them which may be necessary in different constitutions to accomplish the ultimate purpose of the train of morbid actions, and therefore can have no specific or well-defined object in view to govern his prescription.

6th. That subsequent diseases, such as ophthalmia, pneumonia, &c., are never the consequences of natural measles.

Were it not for the fear of exceeding the limits of this paper, I should be tempted to extend the discussion of the principles of non-intervention to some other diseases, in which more is often attempted in the way of cure than is either beneficial to the patient or creditable to medical philosophy. I am satisfied that the number of cases of disease that would recover if left to themselves, or, in other words, protected by professional skill from all foreign causes of aggravation, ought to bear a much larger proportion to the whole number of cases than the profession generally have been disposed to believe. The knowledge of this fact has been adroitly appropriated and made the frame work of a new wonder in medical romance, and we hear of homœopathic cures effected by the 30th dilution of an atom of medicine, in all diseases, from cholera down to crepitus. But physicians should be above such subornation of testimony, and scorn to ascribe to the agency of art, results evidently produced by the operations of nature alone. Were they but thus true to their science and to themselves, quackery would soon lose its foothold,

and Brandrethism, Thomsonism, Hahnemannism, and animal magnetism, quickly find their common level!—

“Where all the kindred of the Capulets lie.”

New York, March 6th, 1840.

MEDICAL REMINISCENCES.—NO. VI.

[Communicated for the Boston Medical and Surgical Journal.]

ANOTHER of the distinguished medical men of this time, in Connecticut, was DR. SAMUEL MATHER, of Windsor. He was born in or near Boston, about the year 1680, and is supposed to be of the same family of Mathers as the celebrated divines of that name who resided in Boston and the towns in the vicinity. Dr. Mather was graduated at Harvard University in the year 1698, and received the degree of Master of Arts some time after. He studied his profession with Dr. Hooker, of Hartford, and received a license to practise medicine from the Legislature of the State! He was the cotemporary and intimate friend of Elliott, and greatly distinguished as a scholar and physician. He died in the year 1743, aged 63 years. No man at the time stood so high in public confidence, or had so extensive a medical practice in the State, as Dr. Mather. He visited every section of country, in a circuit of forty or fifty miles, as a counsellor, and was as greatly venerated for many excellent virtues, as for science and skill as a physician. He left a number of descendants; amongst others, Dr. Samuel Mather, of Westfield, in this State, it is believed, was his son; and Dr. Charles Mather, formerly of Windsor, and more recently of the city of Hartford, a distinguished and successful accoucher, was his grandson. Dr. Charles Mather died in Hartford in 1822, at the age of 80 years.

Not less distinguished than the preceding, was DR. ALEXANDER WOLCOTT, son of Gov. Roger Wolcott, the first celebrated name of a long list of eminent men who adorned every department of the government of the State for more than a century, and whose rise from the loom to the governmental chair, was by the force of talents of the highest order, combined with enterprise and public spirit rarely united in one individual.

Dr. Alexander Wolcott was born in Windsor, Ct., January 7th, 1712. He entered Yale College at the age of 11 years. He continued but a short time on account of his youth, and again entered when *seventeen*, and graduated in the year 1731, and took his second degree in the year 1738, at the same institution. He studied his profession with Dr. Laughlin McLean, of Hartford, but acknowledged himself most indebted to Dr. Morrison for knowledge of the principles of his profession, and such information as gave him advantages for obtaining that eminence as a physician to which he afterwards attained.

He first settled in Wallingford, in his native State, where he continued eight or ten years. He then moved to Windsor, his native town, where he lived to advanced age, highly respected for his talents, learn-

ing, and skill in his profession. In that day there were comparatively few educated physicians. Those who had the advantages of Dr. Wolcott, with his talents and discrimination combined, had an excellent opportunity for arriving at eminence. He was consulted from every part of the State, and from an extensive district in Massachusetts, and has left a name in an extensive circuit of country for great wisdom and usefulness in the practice of his profession. His recipes were frequently met with in the hands of those who had been healed by them, or their descendants, and were held sacred, and as evidences of skill and knowledge little less than deified. Dr. Wolcott died March 5th, 1795, at the advanced age of 84. He left a numerous family, many individuals of which were distinguished for talents, learning and enterprise.

Dr. Wolcott possessed a powerful, active mind, was a thorough scholar in his profession, and hardly less so in theology, in which department of learning he was said to be a fearful and able controversialist. Not believing fully in the doctrines of the divines of that day, he is represented as giving them no little trouble by the severity of his criticisms, and the force of his arguments against them. The following anecdote is told of him. The Rev. Mr. H——, his clergyman, had advanced doctrines from his desk which did not accord with the doctor's views; on the next day they met on horseback, on the long bridge, near the church in that village. The doctor stopped his horse and commenced his "argument." The clergyman said he was in a hurry and could not hear him, and put spurs to his horse. The doctor followed, and Mr. H. increased his speed. The doctor was not to be escaped from; they rode through the long street, their horses at the top of their speed, the doctor enforcing his arguments and the minister his beast's, to the no small amusement of numerous spectators attracted by so novel a spectacle. The doctor declared that he would follow him to the ends of the earth, but he would be heard.

As a politician Dr. Wolcott had also a high reputation. He was frequently a member of the Legislature of the State, and was said to possess great power of eloquence, and an enviable influence in the government. Upon the death of his father, Gov. Roger Wolcott, the Legislature, then in session at Hartford, sent a committee to the residence of the family, to express to them their sense of the loss which the State had sustained by the death of that eminent individual, who was no less distinguished by exalted worth as a man, than by eminent abilities and most valuable services as a statesman. To the address of the committee Dr. Wolcott replied in an extempore speech of great length, replete with good sense, fine feelings, correct sentiments and commanding eloquence, which was the theme of universal praise with all who heard it.

Dr. Wolcott married a Miss Atwater, of New Haven, an only child of wealthy parents, by whom he had a numerous family.

The brothers of Dr. Wolcott were no less distinguished than himself for abilities and distinguished public services. Of these Erastus was for a long time one of the judges of the Supreme Court of the State; another, Oliver, was a physician, and afterwards Governor. A son of Oliver was also the late Gov. Wolcott, of Connecticut. Two other sons

of Dr. Wolcott were physicians; Dr. Simon Wolcott, of New London, and Dr. Christopher Wolcott, of Windsor (who occupied the residence which formerly belonged to the father), both of whom were distinguished as men of science and eminence in the profession. Alexander Wolcott, Esq., late Collector of the Port of Middletown, Ct., a man of vigorous intellect, who was greatly distinguished in Connecticut as a leading and active politician for many years; and Geo. Wolcott, Esq., an officer in the Government and an able and worthy man, were the sons of Dr. Alexander Wolcott, of whose life we have here given a brief notice.

Dr. Wolcott is said to have been somewhat dissolute in his early life; but he afterwards reformed, and his character stood fair and without reproach for morality and a good example for many years of his active and declining life.

S. B. W.

February, 1840.

TOBACCO IN DROPSY.

[Communicated for the Boston Medical and Surgical Journal.]

Dropsy is a disease well known to the medical faculty to be formidable, dangerous, and often fatal. Any remedy, therefore, which increases our means of combating such a malady, deserves the consideration of practitioners. Two cases in which tobacco seemed to have a powerful effect have come within my knowledge.

A young woman was affected with abdominal dropsy, *ascites*, and after using the usual routine of remedies, a moistened tobacco leaf was applied over the epigastrium and kept on until it produced nausea and a disposition to faintness. The application was immediately followed by a profuse discharge of urine and the disappearance of the dropsical symptoms. After waiting a few days the water re-accumulated in the abdomen. The same means were used with the same results, to the third or fourth time, and a permanent cure followed. The woman is now in good health. This is a domestic practice, but not the less worthy, on that account, of receiving the confidence of physicians, if it should, upon further trial, seem to deserve it.

The second case was that of an old man, about 80 years of age, who had been healthy, but in the habit of making rather too free a use of spirituous drinks. About the first of December last, he was seized with the ordinary symptoms of pleuritis, and in my absence from home was treated by another physician by copious bleeding, &c., with apparent relief. Cough and difficulty of breathing, especially in the horizontal position, remained, however, which were soon afterwards followed by symptoms of general dropsy. In this state I was again sent for. The patient was unable to lie down, passed restless and sleepless nights, and when in the horizontal position was threatened with immediate suffocation. There was evident fluctuation in the abdomen, general anasarca, and tenderness and enlargement of the liver. I considered his case nearly hopeless. After using calomel, squills, cream of tartar, blue pill, &c., I directed the tobacco leaf to be applied. It was soon followed

by a profuse discharge by stool and urine, so much so that it alarmed him. The dropsical symptoms soon yielded, and after persevering in the above course for some time, he gradually recovered tolerable health for a man of his age. I omitted to mention that digitalis was not used, on account of his pulse, which was extremely irregular and intermittent; but as the dropsical symptoms disappeared, his pulse became regular, showing that the obstruction was caused by the accumulation of water in the chest.

Tobacco applied in this way, if continued long enough, causes sickness of an overwhelming kind, and I doubt not, if sufficiently persevered in, it would be fatal. But it is a remedy extremely manageable, and the method here used is probably preferable to the tobacco injection, sometimes resorted to in bilious colic and strangulated hernia. It can be immediately and totally removed if alarming symptoms appear, which is not the case with the tobacco injection.

The rationale of its action in dropsy, is, probably, by its depressing the action of the heart and extreme vessels, and a consequent rapid absorption of the fluids.

It is hoped that further trials of the remedy will be made; and if they confirm the results in the foregoing cases, we shall have acquired a very valuable curative means.

W. A. G.

Louisa, Va., Feb. 18, 1840.

Treatment of Dysentery.—During the last summer, owing to the great atmospherical heat and dampness, dysentery prevailed to some extent in this part of the country, and in some sections with extraordinary fatality. I am not specially advised of the treatment in the fatal cases, but I pursued a plan with entire success in a considerable practice in the disease. I have long followed the same plan, and generally with good effects. It is simple and easy to put in practice. This plan is of the soothing kind. In recent cases, with a bounding pulse, hot skin, thirst, &c., I draw blood from the arm; but this is not often the case. The worst cases are generally in children, and I have long observed that they do not bear a succession of harsh treatment. The principal internal remedy is calomel, combined with Dover's powder, or with a powder of opium, ipecac. and nitre, using enough of opium to allay pain and tenesmus, and enough of calomel to act occasionally and gently on the bowels. If moderate and often-repeated portions of calomel do not act, I add castor oil. The warm bath, foot bath, diaphoretics, and every means to determine to the surface and correct the secretions of the liver, are highly essential. Leeching, cupping and blistering on the hypogastrium or sacrum, are sometimes useful. Demulcent drinks and a bland diet should be used through the whole course of the disease. Though I use calomel often, and in small doses, I have never produced pyalism.

Though there is nothing new in this practice, it has been, in my hands, very successful.

W. A. G.

NUMEROUS CAVITIES IN THE LUNGS WITHOUT PECTORILOQUY.

JOHN EDWARDS, aged 36, a brewer, in the employ of Messrs. Barclay & Perkins, was admitted into St. Thomas's Hospital, on the 22d of October, under the care of Dr. Robert Williams.

He states that for the last twelve years he has been in the habit of drinking from six to ten pints of porter daily, but enjoyed good health until four months ago, when, after having taken cold, he felt chilly and shivering; had pains in the abdomen and chest, with cough and dyspnoea. He applied at this hospital, and was treated as an out-patient by Dr. Lister, on the antiphlogistic plan, for some time, but not getting better, he was admitted into the house.

On admission the most prominent symptoms were dyspnoea, considerable anasarca of the lower extremities, difficulty of breathing, severe pain in the lower part of the left side of the chest, on taking a deep inspiration, harassing cough, with copious expectoration of a greenish frothy mucus. Pulse 100, soft and compressible; bowels opened three or four times daily; poor appetite, but great thirst; free secretion of urine; cough very troublesome at night, greatly disturbing his sleep, and about two or three in the morning copious perspirations come on, which, he says, run over his face, neck, and upper part of chest, as cold as ice; face very pale, its temperature, with that of the whole surface, being reduced.

Physical Signs.—Voice more resonant than usual between the scapulæ, but as this was not circumscribed, it was ascribed to his emaciation; no marked phenomena on percussion; respiration in upper part of both lungs gave the idea of the bronchial respiration, conveyed to unusual situations by solidified lung; but there was no dulness, on percussion, to strengthen this supposition. In the lower lobes of both lungs there was vesicular murmur; the sound of inspiration shortened; of expiration, much prolonged. Apply a blister to the side. Calomel and opium, of each one grain, thrice a day.

We made no note of the precise length of time he continued this medicine. It afforded much relief. The anasarca went off, probably from his keeping in bed, and the cough and pain were much relieved by the blister. He got up, and was about the ward for two or three days, apparently a good deal better, when he fancied he got fresh cold.

Nov. 4th. Very pale; respiration hurried; pulse 120; distressing cough, and very large expectoration of frothy muco-puriform matter. The most expressive term for the sounds heard on applying the stethoscope over the anterior superior regions of the chest, is that of a very loud *squashing*, but no pectoriloquy could be distinguished by Dr. Williams or any of the gentlemen present. The posterior regions were not examined, on account of the exhausted state of the man. R. Solution of acetate of ammonia, two ʒ; comp. spirit of sulphuric æther, one ʒ; tinct. of hyoscyamus, half ʒ; camphor mixture, one ʒ. Thrice a day. A grain of opium night and morning.

He went on gradually getting worse. On the 13th he was cupped to eight ounces, and a mustard cataplasm applied over the chest. On the

14th two grains of calomel were ordered every night, and red wine with sago; but he continued to get worse, the dyspnoea increasing, and he died on the 17th.

Throughout the case the diffused *squashing* was the most remarkable—very different from the circumscribed sound of *gargouillement*, but no pectoriloquy could be discovered, even just after free expectoration.

A post-mortem examination was made on the 19th; head not examined. Tissue of upper and middle lobes of right lung, and upper lobe of left, perfectly solid. Not very clear whether this solidification arose from tubercular disease or the effects of pneumonia. These lobes contained numerous cavities, irregular in size and shape, varying from the size of a hazel to that of a walnut. Two of the largest, situated in the posterior part of one lobe, filled with pus of healthy character. The walls of most of these cavities were formed by a sort of cyst, resembling partially coagulated albumen; uniform in consistence and thickness; of a greyish color, apparently quite unorganized; friable, easily broken down by the finger. The lower lobes of both lungs crepitant, but so much gorged with bloody serum, probably from commencing decomposition, that no satisfactory observation can be made as to their state. Liver and other abdominal viscera healthy, with the exception of enlargement of some mesenteric glands.—*London Lancet*.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MARCH 25, 1840.

CONNECTICUT RETREAT FOR THE INSANE.

HARTFORD, the capital of Connecticut, is full of interest to the stranger, from the unique red mud of its streets to the beautiful edifices which dot the landscape, as well as those celebrated benevolent institutions which have given so much character to the place within the last ten or fifteen years. A medical traveller should by all means make it in his way to devote one day, at least, in visiting the Asylum for the Deaf and Dumb, a most admirably-conducted establishment. The order of the course of instruction, the devotedness of the teachers, and the parental care which the manager of each department exercises towards those confided to his charge, are worthy of the highest commendation. Miss Julia Brace, the deaf, dumb and blind girl, whose history is familiar to the public, still sits in mental darkness, without a knowledge of the past, or a glimpse of the future. To the medical philosopher she is an object of intense interest.

The Retreat for the Insane has a location unsurpassed for beauty. Notwithstanding the dreariness of March, the leafless condition of the trees, and the chills of a damp atmosphere without, everything within wears the aspect of domestic comfort and the effects of the law of kindness, even on the distracted minds of its unfortunate inmates. Since the resignation of Dr. Fuller, the Retreat is placed under the vigilant superintendence of Dr. E. K. Hunt, a gentleman admirably fitted by nature and education for the place. We regret that the doctrine is so universally

popular that it is necessary to have old professional men placed in situations of this kind, upon the presumption that a certain amount of medical and worldly wisdom alone appertains to age: as a general rule, such is the fact; but in this country individuals must be specially educated for particular duties and stations. If Dr. Woodward should not accept the invitation of the trustees, and remain at Worcester, where it is for the lasting interest of Massachusetts that he should continue, as the fittest person in the whole country, we should rejoice to hear of Dr. Hunt's elevation to the superintendence of the Retreat. Age, if indispensable, is daily creeping on, and experience, the instrument of power, would be constantly accumulating.

But we only intended to express the peculiar satisfaction derived from a visit to the Retreat, the past week, and to commend it and all who are associated with its administration, to the confidence of the medical profession, and the fostering care of an intelligent public in this and other States.

American Phrenological Journal.—No. 6, of the second volume, is extremely well furnished. Mr. Fowler's analysis of the Quaker's head is one of those resistless arguments in favor of the truth of the science, which would convert a pretty stubborn oppositionist. With regard to the review of Dr. Morton's *Crania Americana*, we don't think much of it. Perhaps it will grow better towards the conclusion, in the next number. Dr. Roget is well disposed of. The fact is, he is enveloped in an impenetrable tissue of prejudice against phrenology and whatever appertains to it, and there is no such thing as impressing him with facts which militate in the least degree against his opinions.

Externals of the Profession in India.—Inspectors, members of the medical board, and superintending surgeons, are required in the East India Company's service to make a very genteel appearance, so far as epaulettes and buttons will contribute to that end. Inspectors must wear a scarlet coat, double breasted—having two rows of buttons, ten in each row, at equal distances; slashed flaps on the sleeves and skirt; white lining and turnbacks, and embroidered skirt ornaments. The epaulettes to be of gold, &c. The inspector general of hospitals is to be decked off to look like a brigadier general, having epaulettes of gold, with solid crescents; a sword and baton crossed, surmounted by a crown, embroidered on the strap. Deputy inspectors are tinselled off to look the very beau ideal of medical dandyism.

Functions of the Brain and Spinal Cord.—By another week we shall have read this new work, by Amariah Brigham, M.D., of Hartford, Conn. The title is as follows—viz.: "*An inquiry concerning the diseases and functions of the Brain, Spinal Cord and Nerves.*" Notwithstanding the army of writers on the subject, from immemorial time, there is still a broad field and an abundant harvest for future philosophers.

Opium Smoking.—Dr. Sigmond gave a lecture, before the Royal Medicobotanical Society, on opium-eating and its effects. After enumerating the various evils, both bodily and mental, which invariably overtake the

habitual opium-eater, he referred to the practice of smoking opium as carried on to a fearful extent by the Chinese. The way in which they conduct the process is as follows: Having "purified" the opium by maceration in water, and dried it, they place it in the bulb of a pipe with a long tube. They lie on their backs on a couch, with the head elevated, and take in one whiff of the opium smoke, which after retaining for a very short time in the lungs, they expire gently, and in such a manner that it comes out of the eyes and nostrils. The effect is immediate and very great. All the intoxicating influence of opium seems augmented, and some even fall victims to its excess. The injurious influence upon the constitution of the patient is in proportion to its intoxicating power; premature old age, nervous debility, mental and bodily imbecility, are the unfailing lot of the opium-smoker. So fascinating is the influence of this noxious drug, that many would prefer death to exclusion from smoking it. The inhabitants of colder regions do not seem to be influenced by smoking opium to anything like the extent that is observable in eastern countries. —*London Lancet.*

Medical Miscellany.—The Superintendent of the Civil Hospital at the Cape of Good Hope reports, in the India Journal, an account of the patients with scurvy who have come under his treatment. In January and February of last year, 22 such patients were received from English, French and American whale ships. In most of these cases the superintendent found the antiphlogistic plan of treatment most successful.—Of the 55th British Regiment of Foot, stationed at Secunderabad in India, average strength 894, the number of deaths in one year was 141, of which 100 were by dysentery acuta.—A woman in New York, in a fit of jealousy, swallowed two ounces of laudanum, which was so effectually taken off the stomach by a stomach pump, by Dr. Duffee, that she immediately revived and became sensible of the character of the operation.—Dr. Gross's System of Pathological Anatomy sells better than any medical book published in the United States for a long time.—A life of the celebrated Portel, the Sicilian surgeon and philosopher, by the Abby Alessandro Casano, has been received in Boston. As the subject of the memoir is still alive, there will be a chance for a new edition, with additions, some future day.—So many orphan children have died of late at the Farms, an almshouse establishment under the care of the City Council of New York, that the public sentiment is setting strongly against the inhumanity of those whose duty it is to see that they are well taken care of.—A soldier who escaped from confinement, at the Royal Artillery, Woolwich, Eng., recently received the horrible punishment of 100 lashes with a cat o'nine tails—and lived! A negro, at Charleston, S. C., was lately sentenced to receive 200 lashes—a certain number to be given from time to time, till the whole were meted out. Such punishments are shocking to humanity, and carry the mind back to savage barbarity.—Dr. Howe, of Jaffrey, N. H., has invented a truss, which is an uncommonly ingenious contrivance, and will hereafter be more particularly described.—Scarlet fever is prevailing at St. Louis.—A lad died near Schoharie, N. Y., recently, of hydrophobia, produced by the bite of a dog in January last.

DIED.—In Brattleborough, Vt., Dr. Oliver Wright, 32, formerly of Stow, Ma.—In Philadelphia, Dr. Joseph Parish, a distinguished member of the medical profession, 60.

Number of deaths in Boston for the week ending March 21, 89. Males, 19—females, 21. Stillborn, 6. Of consumption, 5—inflammation of the lungs, 1—smallpox, 2—dropsy, 2—old age, 1—intemperance, 1—lung fever, 2—bursting of blood vessel, 1—paralysis, 2—tumor, 1—infantile, 2—scarlet fever, 2—croup, 2—stoppage in the stomach, 1—debility, 1—disease of the brain, 1—pleurisy, 1—typhoid fever, 1.

TREMONT-STREET MEDICAL SCHOOL.

THE subscribers, at their private medical school in Tremont street, offer the following facilities to professional students.

A daily attendance at the Massachusetts General Hospital, and at the Eye and Ear Infirmary, with frequent opportunities of seeing cases, and surgical operations, in private practice, and in the public dispensaries. Arrangements have been made for affording obstetric practice to a considerable extent under the superintendence of the instructors.

A regular system of instruction by means of lectures and examinations in all the branches of the profession will be pursued throughout the year.

ANATOMY.—Recitations heard by Drs. Reynolds and Holmes. A course of lectures on Surgical Anatomy by Dr. Holmes. Demonstrations and Dissections.

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THEORY AND PRACTICE OF MEDICINE, CLINICAL INSTRUCTION, AND MATERIA MEDICA, under the superintendence of Dr. Bigelow.

JACOB BIGELOW,
EDWARD REYNOLDS,
D. HUMPHREYS STORER,
OLIVER W. HOLMES.

Boston, Nov. 20, 1839.

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NEW MEDICAL WORK.

Published by Charles C. Little and James Brown, Booksellers, No. 112 Washington street, Boston.

PRINCIPLES OF THE THEORY AND PRACTICE OF MEDICINE, by Marshall Hall, M.D. First American edition, revised and much enlarged, by Jacob Bigelow, M.D., and O. W. Holmes, M.D. 724 pages, 8vo. This English work, by an author of great celebrity, has been revised and augmented with new matter adapting it to the present state of medical science, by the American editors. It appears from the advertisement, that one third of the entire volume is written by the editors. The following are some of the opinions of the American press in regard to this edition.

"We would unhesitatingly pronounce it the best and most complete text-book for the study and practice of medicine. It is full of facts, well arranged and digested, and free from the endless repetitions, and diffuse, ill-digested matter which are often introduced into treatises upon medicine. The present state of the science is reached in almost every instance."—*Philadelphia Medical Examiner*.

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March 11—6m

SCHOOL FOR MEDICAL INSTRUCTION.

THE subscribers are associated for receiving pupils, and affording them every facility for obtaining a complete medical education. Their pupils will have access to the medical and surgical practice of the Massachusetts General Hospital, to the Massachusetts Eye and Ear Infirmary, and to surgical operations in private practice. Instruction will be given by examinations and lectures in the interval of the public lectures at the Medical College. Facilities will be afforded for the prosecution of practical anatomy. A room is provided with books, &c., for the use of the students.

JOHN C. WARREN,
JOHN B. S. JACKSON,
ROBERT W. HOOPER,
J. MASON WARREN.

Oct. 9—4f

NOTICE.

A PHYSICIAN having recently left Canton Centre, Mass., where there has been one the last fifty years, offers to sell or let his house, with or without a small farm. Inquire of E. Crane, Esq., near the premises (if by letter, post paid).
March 18—4f

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are three volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.